New Jersey Department of Health and Senior Services
Clinical Laboratory Improvement Service
PO Box 361
Trenton, NJ 08625-0361

PROFICIENCY TESTING (PT) AND BIANNUAL ASSESSMENT PROGRAM (BAP) ENROLLMENT APPLICATION FOR PHYSICIAN OFFICE LABORATORIES (2006)

☐ **New** ☐ **Renewal**

Name and Address of Laboratory	Exact Shipping Address for Surveys

Name of Contact Person	Telephone Number	Fax Number

Name of Lab Director (Print)	CLIA ID No.	COLA ID No.	Email Address

SECTION I: PROFICIENCY TESTING (PT) PROGRAM

Check ☒ Survey(s) Requested	Code	Fee
☐ Throat Culture Only (Plate/Disk)	M101	$150
☐ Group A Strep Throat Screen Only (Swab) - Rapid Strep	M103	$100
☐ Syphilis	S100	$150
☐ Diagnostic Immunology, Indicate: ☐ASO ☐Rubella ☐RF ☐IM ☐Serum hCG	S101	$340
☐ Indicate: ☐ Rubella and/or ☐ Rheumatoid Factor Only	S102	$280
☐ Indicate: ☐ ASO ☐ IM and/or ☐ Serum hCG Only	S103	$280
☐ Endocrinology (Cortisol and Thyroid Function Tests Only)	E100	$190
☐ Chemistry	C100	$275

Check ☒ Survey(s) Requested	Code	Fee
☐ Lipids/Glucose Only	C101	$175
☐ Electrolytes Only	C103	$150
☐ Drugs of Abuse	T101	$250
☐ Therapeutic Drug Monitoring (TDM)	T102	$320
☐ Hematology (CBC) Blood Cell ID: ☐ Yes ☐ No	H100	$225
☐ Hematology (CBC) with Automated Differential	H100A	$325
☐ Hemoglobin/Hematocrit Only	H101	$125
☐ Blood Cell ID Only	H102	$100
☐ Coagulation	H103	$225
☐ QBC Centrifugal Hematology with Differential	H104	$225
☐ Whole Blood Prothrombin Time (Only Roche CoaguChek S/Pro DM System)	H105	$175
TOTAL FOR SECTION I	**$**	

SECTION II: BIANNUAL ASSESSMENT PROGRAM (BAP)

Check ☒ BAP Survey(s) Requested	Code	Fee
☐ Urine Microscopy Only	B100	$25
☐ KOH Prep	B101	$25
☐ Pinworm Prep	B102	$25
☐ Sedimentation Rate	B103	$75
☐ Sperm (Absence or Presence)	B104	$25
☐ *H. pylori* Antibody	B105	$75
☐ C-Reactive Protein (CRP)	B106	$35
☐ PSA and/or PAP	B107	$75
☐ Whole Blood Glucose (CLIA-Waived Methods)	B108	$50
☐ Glycohemoglobin	B109	$50
☐ Urine hCG Only	B110	$25
☐ Sperm Count	B111	$100
☐ Vaginal Wet Prep	B112	$25

Check ☒ BAP Survey(s) Requested	Code	Fee
☐ Throat-Screen (CLIA-Waived Rapid Strep Methods)	B113	$25
☐ Urinalysis Combo (see brochure) Microscopy: ☐Yes ☐No	B114	$75
☐ Fecal Occult Blood	B115	$25
☐ CoaguChek Prothrombin Time	B116	$75
☐ GGT and/or Phosphorus	B117	$50
☐ Urine Culture (UC) Screen	M104	$75
☐ UC Screen with Antibiotic Susceptibility Testing	M105	$100
☐ Dermatophyte Screen (DTM Agar)	M400	$75
☐ Dipstick Urinalysis Only	U100	$35
TOTAL FOR SECTION II	**$**	

Total for Section I: .....$ _____

Total for Section II: .....$ _____

Late Fee of $50.00 for Renewal after 11/1/05 (Not applicable to Initial Applications): _____

GRAND TOTAL: .....$ _____

A check or money order, payable to "NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES-PT," must accompany each application. Telephone orders WILL NOT be accepted. As some survey samples may contain pathogenic material, an authorized signature is required to process this order. Authorization conveys responsibility for receiving, storing and disposing of such material to the laboratory purchasing the samples.

Signature of authorized individual below grants permission to report CLIS survey results to the Center for Medicare and Medicaid Services (CMS).

Name of Authorized Individual	Title

Signature	Date

FOR STATE USE ONLY	Check/M.O. No.	Date of Check/M.O.	Amount	Received By	Date Received

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